## Case 12-10944-FJO-7 Doc 3 Filed 09/13/12 EOD 09/13/12 13:37:22 Pg 1 of 7

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Amanda Rae Nall	
Debtor(s) Case Number:		According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>					

	Part II. CALCULATION OF M	10l	NTHLY INC	ON	ME FOR § 707(b)('	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies	and o	complete the bal	ance	e of this part of this state	emer	nt as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
2	<ul> <li>D. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.</li> </ul>							r than for the	
	c. ☐ Married, not filing jointly, without the decl ("Debtor's Income") and Column B ("Spo	use's	Income") for I	Line	es 3-11.		_		
	d. Married, filing jointly. Complete both Col					Spo	use's Income'')	for	Lines 3-11.
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case						Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the						Debtor's		Spouse's
	six-month total by six, and enter the result on the				•		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, co					\$	2,921.88	\$	
	Income from the operation of a business, profes								
	enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate num								
	not enter a number less than zero. <b>Do not include</b>								
4	Line b as a deduction in Part V.	_							
			Debtor	_	Spouse				
	a. Gross receipts	\$		00					
	<ul><li>b. Ordinary and necessary business expenses</li><li>c. Business income</li></ul>		btract Line b fro			\$	0.00	\$	
	<u> </u>					Ψ	0.00	Ψ	
	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>								
	part of the operating expenses entered on Line b as a deduction in Part V.								
5			Debtor		Spouse				
	a. Gross receipts	\$		00					
	<ul><li>b. Ordinary and necessary operating expenses</li><li>c. Rent and other real property income</li></ul>		btract Line b fro	00 m I		\$	0.00	Ф	
6	Interest, dividends, and royalties.	Bu	btract Line o ne	/111 1	ane a	\$	0.00		
7	Pension and retirement income.								
/				e .	41 1 11	\$	0.00	<b>3</b>	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				port paid for that nounts paid by your ed in only one column;	\$	0.00	\$	
	<b>Unemployment compensation.</b> Enter the amount However, if you contend that unemployment comp	pens	ation received by	y yo	u or your spouse was a				
9	benefit under the Social Security Act, do not list to or B, but instead state the amount in the space below.		nount of such co	mp	ensation in Column A	-			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	or\$	0.00	Spo	ouse \$	\$	0.00	\$	
10	Debtor Spouse								
	a. b.	\$			\$ \$				
		φ	<u> </u>		Ψ	l φ	0.00	φ	
	Total and enter on Line 10	1. \ /=	\ A 117: 2:		10. 61 + 1.0	\$	0.00	<b>&gt;</b>	
11	<b>Subtotal of Current Monthly Income for § 707</b> (Column B is completed, add Lines 3 through 10 in					\$	2,921.88	\$	

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter		2 024 00			
	the amount from Line 11, Column A.		2,921.88			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	35,062.56			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: IN b. Enter debtor's household size: 1	\$	41,249.00			
	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.	1				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

16	Enter the amount from Line 12.  Marital adjustment. If you checke Column B that was NOT paid on a		RENT	MONTHLY INCOM	<b>1E FOR § 707(b)</b> (2	2)
16	Marital adjustment. If you checke Column B that was NOT paid on a	d the box at Line 2 c				
	Column B that was NOT paid on a	d the box at Line 2 c				\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	b.			\$		
	c. d.			\$  \$		
	Total and enter on Line 17			Ψ		\$
18	Current monthly income for § 70%	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF DI	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 year	rs of age	2	Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons		a2. b2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	T . 154 . 1 . 1 . 4 . 4 . 4 . 1 . 1 . 1	4.4	Ф			
22A	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating a				
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)  □ 1 □ 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 1, as stated in Lin the result in Line 23. <b>Do not enter an amount less than zero.</b>					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inco security taxes, and Medicare taxes. Do not include real estate or sales	\$				

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as reDo not include discretionary amounts, such as voluntary	etirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total ave life insurance for yourself. Do not include premiums for in any other form of insurance.	rage monthly premiums that you actually pay for term issurance on your dependents, for whole life or for	\$	
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total aver childcare - such as baby-sitting, day care, nursery and presch		\$	
31	Other Necessary Expenses: health care. Enter the total av health care that is required for the health and welfare of your insurance or paid by a health savings account, and that is in include payments for health insurance or health savings a	rself or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. <b>Do not</b>	\$	
32	Other Necessary Expenses: telecommunication services. actually pay for telecommunication services other than your pagers, call waiting, caller id, special long distance, or intermediate or that of your dependents. Do not include any amount of the property of the propert	\$		
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$	
24	Health Insurance, Disability Insurance, and Health Savin the categories set out in lines a-c below that are reasonably redependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$		\$	
	Total and enter on Line 34.  If you do not actually expend this total amount, state your below:  \$			
35	Continued contributions to the care of household or famile expenses that you will continue to pay for the reasonable and ill, or disabled member of your household or member of you expenses.	d necessary care and support of an elderly, chronically	\$	
36	<b>Protection against family violence.</b> Enter the total average actually incurred to maintain the safety of your family under other applicable federal law. The nature of these expenses is	\$		
37	Home energy costs. Enter the total average monthly amoun Standards for Housing and Utilities, that you actually expend trustee with documentation of your actual expenses, and claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendan school by your dependent children less than 18 years of age. documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	You must provide your case trustee with blain why the amount claimed is reasonable and	\$	

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1		e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	ines 34 through 40		\$
		S	ubpart C: Deductions for De	bt Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
		Name of Creditor	Property Securing the Debt	Average Monthly Payment		
	a.			\$	□yes □no	
				Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor   Property Securing the Debt   1/60th of the Cure Amount   \$					
				Γ	Cotal: Add Lines	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$
			If you are eligible to file a case under the amount in line b, and enter the res			
45	<ul> <li>a. Projected average monthly Chapter 13 plan payment.</li> <li>b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</li> <li>c. Average monthly administrative expense of Chapter 13 case</li> <li>Total: Multiply Lines a and b</li> </ul>					\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.				\$	
Subpart D: Total Deductions from Income						
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$	
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b)(2))		\$
50	Mon	thly disposable income under § '	707(b)(2). Subtract Line 49 from Line	e 48 and enter the res	ult.	\$
51	60-m	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the				

	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. ○	Complete the remainder of Part VI (	(Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	per 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	l as directed.	•			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSI	E CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amo	unt			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATIO	N				
	I declare under penalty of perjury that the information provided in this statemen	t is true and correct. (If this is a jo	int case, both debtors			
57	must sign.) Date: September 13, 2012 Signate	ure: /s/ Amanda Rae Nall				
57	Signati	Amanda Rae Nall				
		(Debtor)				

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.